

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/511535**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							81						
2							82						
3							83						
4							84						
5							85						
6							86						
7							87						
8							88						
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10							90						
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12							92						
13							93						
14							94						
15							95						
16							96						
17							97						
18							98						
19							99						
20							100						
21							TOTAL IND.						
22							TOTAL DEP.						
23							TOTAL CLAIMS						
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS